

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101540493

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5	1					
6		2				
7	1					
8		1				
9		1				
10		3				
11		3				
12		3				
13		3				
14		3				
15		3				
16		3				
17		3				
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26		3				
27		3				
28		3				
29		3				
30		3				
31		3				
32		3				
33	1					
34		3				
35		3				
36		3				
37		3				
38		3				
39		3				
40		3				
41		3				
42		3				
43		3				
44		3				
45		3				
46		3				
47		3				
48		3				
49		3				
50		3				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
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96						
97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	29	←		←
TOTAL CLAIMS			31			